

Health Department, City of Baltimore.

Permit No. 99430 Office of Registrar of Vital Statistics.

Ward 8^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Ames

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 73 Years, 0 Months, 0 Days

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 930 E Eager st

Cause of Death, { First (Primary), Second (Immediate), } abscess
exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th

{ Undertaker, H. C. Wiedefeld J. A. Warner M. D.
} Medical Attendant.

{ Place of Business, 916 Greenmount Address, 1123 Valley st
}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99431 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Herbert Smith

Sex, Male or Female, { Cross out the word not
required in this line. }

Age, Years,

7 Months,

Days.

Color, Ed

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not
required in this line.

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth.

Back

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and }
 Number. }

474 Pine St

Cause of Death, { First (Primary),
Second (Immediate)

Whooping Cough
Bronchitis

Duration of Last Sickness,

about a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 23rd

(Undertaker, W. W. Madden

H. Winslow

M. D

Medical Attendant

Place of Business, *46 East 30*

Address, 412 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99432

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 22nd 1887

Full Name of Deceased, George Kaiser
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, Male
{ Cross out the word not required in this line. }

Age, 65 Years,

Color, White Months, ✓ Days

~~Married, Single, Widowed or~~ Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Inst. Little Sisters Poor
{ Give Street and Number. }

Cause of Death, General Dropsy
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 24/87

Undertaker, W. Blood

Place of Business, E. Lombard St

Wm. Broke Reyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 99433 Office of Registrar of Vital Statistics. Ward 12⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 22nd 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Matthews

Sex, Male or Female, Cross out the word not required in this line.

Age, 19 Years, 8 Months, Days,

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation Engineer

Birthplace, State or country, and how long in the United States, if of foreign birth. Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, Give street and Number. Home of the Friedlars, Coldwind Hill Ave
4 Townsend St

Cause of Death, First (Primary), Phthisis Pulmonalis
Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, April 24 - 1887 AK Bond M. D.

Undertaker John Weaver Medical Attendant.

Place of Business, 738 N. Ector Address, 311 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

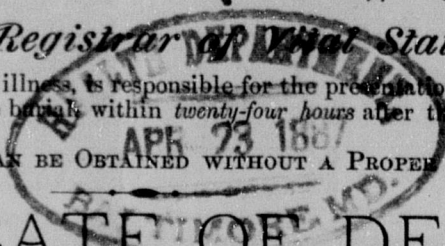
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99434 Office of Registrar ~~of Vital~~ Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, April 22 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Oliver

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, — Years, 8 Months, — Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } *✓*

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 424 S. Hun St (new no)

Cause of Death, { First (Primary), Second (Immediate), } Scalding of Body (Water)
Convulsions - Congestion Lungs.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 24th 1887

Undertaker, J. C. Sander & Son Frank C. Bresler M. D.

Medical Attendant.

Place of Business, 11000 Canton Ave Address, 1711 Baum St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99435

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21 87

Full Name of Deceased, Alice Mason

Sex, Male or Female, Cross out the word not required in this line.

Age, 15 Years, 6 Months, Days.

Color, Black

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, 15 - 6

Place of Death, 110 W. Montgomery St

Cause of Death, First (Primary), Phthisis Pulmonalis
Second (Immediate), Apnea

Duration of Last Sickness, 1 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1887

Undertaker, Hercules B. Co. R. H. Evers M. D.

Place of Business, 404 Con Wall St Address, 915 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99436 Office of Registration and Vital Statistics, Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 33rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ashton N. Brantz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, 6 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Commission Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Barrel Co Md

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give Street and Number. } George St No 605 Balt

Cause of Death, { First (Primary), Second (Immediate), } Cholera morbus

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apr. 25th 1887

Undertaker, J. B. Cook Geo N Hayson M. D.

Medical Attendant.

Place of Business, 1003 W. Baltimore St Address, 818 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

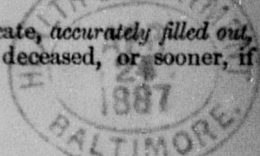
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Health Department, City of Baltimore.

Permit No. 9437 Office of Registrar of Vital Statistics. Ward 2

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 23rd 1887 Lindtner

Full Name of Deceased, Elyabeth H. Lindtner
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female Female
{ Cross out the word not required in this line. }

Age, Twenty five Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, 135 S. Caroline St.
{ Give Street and Number. }

Cause of Death, Old age
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Gradual failing

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem. Trappe Road

Date of Burial, April 24th 1887

Undertaker, L. Lewis Schaefer M. D.

Place of Business, 316 N. Fremont Address, 108 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

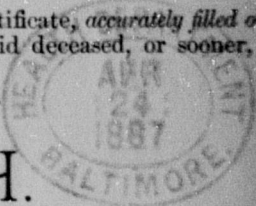
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Health Department, City of Baltimore.

Permit No. 99438 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 22nd / 87

Full Name of Deceased, Howard Reister { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 0 Years, 0 Months, one Day.

Color, Light Copper

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, None

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, one day

Place of Death, (Old No. 187) Chestnut St { Give Street and Number. }

Cause of Death, Cyanosis on Heart trouble { First (Primary), }
Assthemia { Second (Immediate), }

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharps

Date of Burial, Apr 24 / 87

Undertaker, Benj F Bohrer M. D.

Medical Attendant.

Place of Business, 57 Orchard Address, Cor Mt Vernon & Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

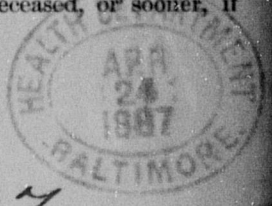
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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99439 Office of Registrar of Vital Statistics. Ward 17th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Lainston, Kate Lainston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Long Life

Place of Death, { Give Street and Number. } 1635 Clarksons ch

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, H. H. H. H. H.

Date of Burial, April 24

Undertaker, B. H. H. H.

Place of Business, 115 West St Address, 104 Fort St

Q. A. Cook M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]